

Amended claims

1. (Currently Amended) A system for processing partial claim data related to provision of healthcare to a patient, comprising:

an interface processor for receiving data representing a partial claim for reimbursement for services provided to a patient at different stages of patient interaction with a healthcare provider, said partial claim comprising an incomplete claim lacking information needed for claim reimbursement by a payer organization;

a pre-processor for processing said data representing said partial claim to identify deficiencies in said partial claim, said processing including:

applying rules to said data representing said partial claim to identify errors in said partial claim by filtering deficiencies concerning entered current partial data from potential deficiencies related to unavailability of information due to stage of processing, and

determining a subset of said errors attributable to at least one of, (a) an invalid data item and (b) an incomplete data item, in said partial claim representative data; and

a result processor, for initiating generation of an alert message identifying said subset of said errors to a user.

2. (Currently Amended) A system according to claim 1, wherein said different stages include at least two of, (a) initial visit, (b) admission and (c) consultation with a physician and

said pre-processor determines said subset of said errors by at least one of, (a) determining a data item necessary for claim submission and determinable from said partial claim representative data is missing and (b) a data item field contains an entry when it should be blank.

3. (Currently Amended) A system according to claim 1, wherein said pre-processor determines said subset of said errors using predetermined data conditions and by determining data conditions that are not satisfied by at least one of, (a) an individual data item and (b) multiple data items, in said partial claim and

said rules are rules used to process data representing completed claims.

4. (Currently Amended) A system according to claim 1, wherein
said pre-processor processes said data representing said partial claim to identify deficiencies in said partial claim and said result processor initiates generation of an alert message identifying errors to a user, at each stage of said different stages of patient interaction with a healthcare provider and permitting a user to correct deficiencies in said partial claim while the patient is present

~~said rules are rules used to process data representing completed claims.~~

5. (Currently Amended) A system for processing partial claim data related to provision of healthcare to a patient, comprising:

a claim data collator for receiving and collating data related to a partial claim for a particular patient, said partial claim data being received from a data collection system at different stages of patient interaction with a healthcare provider, said partial claim comprising an incomplete claim lacking information needed for claim reimbursement by a payer organization;

a source of rules for use in processing collated claim data of a partial claim;

a pre-processor for submitting said collated claim data of said partial claim for processing using said rules to identify deficiencies in said collated claim data of said partial claim by filtering deficiencies concerning entered current partial data from potential deficiencies related to unavailability of information due to stage of processing; and

a result processor, for initiating generation of an alert message identifying said deficiencies to a user of said data collection system and enabling said user to potentially correct said deficiencies, said pre-processor processes said data representing said partial claim to identify deficiencies in said partial claim and said result processor initiates generation of an alert message identifying errors to a user, at each stage of said different stages of patient interaction with a healthcare provider and permitting a user to correct deficiencies in said partial claim while the patient is present .

6. (Original) A system according to claim 5, wherein said pre-processor determines whether said collated claim data of said partial claim is in condition for processing to initiate generation of a payment in response to completion of said partial claim.

7. (Original) A system according to claim 5, wherein said system automatically processes said partial claim data and initiates generation of said alert message identifying said deficiencies to said user during user collection of information from a patient using said data collection system enabling a user to correct said deficiencies before a collection session terminates.
8. (Original) A system according to claim 5, wherein said system automatically processes said partial claim data and initiates generation of said alert message substantially in real-time.
9. (Original) A system according to claim 5, wherein said pre-processor identifies at least one of, (a) blank data items and (b) valued data items, present in said partial claim.
10. (Original) A system according to claim 5, wherein said pre-processor determines a subset of said rules in said rules source relevant to said partial claim and processes said collated claim data of said partial claim using said subset of rules to identify deficiencies in said collated claim data of said partial claim.
11. (Original) A system according to claim 10, wherein said pre-processor determines a subset of said rules in said rules source relevant to said partial claim based on at least one of, (a) identified valued data items present in said partial claim and (b) a map linking particular rules of said rules source with particular items of claim data.
12. (Original) A system according to claim 11, further comprising a maintenance user interface, the maintenance user interface permitting a user of the system to monitor and modify rules employed by the claim preprocessor.
13. (Original) A system according to claim 12, wherein the map is a dedicated database appropriate for use during specified interactions with a provider of claim data.

14. (Currently Amended) A system for verifying partial claim data, comprising:

a repository including a first map respectively associating partial claim data items with a set of verification rules;

an interface processor for receiving ~~a set~~ sets of partial claim data at different stages of patient interaction with a healthcare provider, said partial claim comprising an incomplete claim lacking information needed for claim reimbursement by a payer organization; and

a claims processor, responsive to ~~the~~ a received set of partial claim data and the first map, for applying the associated verification rules to the received set of partial claim data to identify deficiencies in said collated claim data of said partial claim by filtering deficiencies concerning entered current partial data from potential deficiencies related to unavailability of information due to stage of processing.

15. (Original) A system according to claim 14, further comprising a second map for identifying data present in the set of partial claim data that is available for the application of any verification rule.

16. (Original) A system according to claim 15, wherein the second map identifies data present in the set of partial claim data that is available for validating other data items.

17. (Original) A system according to claim 16, further comprising a rules list creator, for creating a list of rules to be applied by the claims processor to the received set of partial claim data.

18. (Currently Amended) A method for enabling a provider of reimbursable services to automatically identify invalid data present in partial claim data sets needed to complete a claim for reimbursement submitted to a payer, comprising the steps of:

receiving partial claim data pertaining to provision of reimbursable services to an individual at different stages of patient interaction with a healthcare provider, said partial claim comprising an incomplete claim lacking information needed for claim reimbursement by a payer organization;

creating a map containing data that associates:

(a) respective data items present within the received partial claim data; and

(b) a set of one or more payer specified reimbursement rules; and
conditioning a claims processor to apply to the received partial claim data, the associated payer specified reimbursement rules as specified by the map and to identify data not complying with the applied rules as invalid by identifying errors in said partial claim data by filtering deficiencies concerning entered current partial data from potential deficiencies related to unavailability of information due to stage of processing.

19. (Original) A method according to claim 18, further comprising the steps of:

creating a list of invalid data identified as a result of applying payer specified rules to the received partial claim data;

forwarding the list to a user designated by a provider of the reimbursable service; and

prompting the user to correct an error causing the partial claim data to be identified as invalid without significant delay.

20. (Original) A method according to claim 19, further comprising the step of automatically transmitting to the payer valid data needed to complete the claim when sets of partial data have been inspected and no data remains identified as invalid.